



OFFICE OF THE COMPTROLLER COMMONWEALTH OF MASSACHUSETTS

Table Change Request Form

TO:

Department Assistance Bureau
Office of the Comptroller
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108

Date: _____

Please e-mail form to comptroller.info@state.ma.us. E-mail must be sent by an Authorized Signatory or faxed to 617-727-2163.

From:

Name: _____

Dept/Organization: _____

Phone: _____

MMARS

☐ Add ☐ Change ☐ Delete

Table Name: _____

Information to be updated:

SIGNATURE: _____

Department Head or Authorized Signatory